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**State:** District of Columbia **First Filing Company:** The Cincinnati Casualty Company, ...  
**TOI/Sub-TOI:** 16.0 Workers Compensation/16.0004 Standard WC  
**Product Name:** Workers Compensation  
**Project Name/Number:** NEW BLANKET ENDORSEMENT FOR CANCELLATION AND NONRENEWAL/C\_WC\_37100\_CW

## Filing at a Glance

Companies: The Cincinnati Casualty Company  
The Cincinnati Indemnity Company  
The Cincinnati Insurance Company

Product Name: Workers Compensation

State: District of Columbia

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

Date Submitted: 02/07/2020

SERFF Tr Num: CNNA-132247756

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: CQD-WC-20-37268-DC

Effective Date: 08/01/2020

Requested (New):

Effective Date: 08/01/2020

Requested (Renewal):

Author(s): Linda Medcalf, Lori Debord

Reviewer(s):

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

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## General Information

Project Name: NEW BLANKET ENDORSEMENT FOR  
CANCELLATION AND NONRENEWAL

Project Number: C\_WC\_37100\_CW

Reference Organization:

Reference Title:

Filing Status Changed: 02/07/2020

State Status Changed:

Created By: Linda Medcalf

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Lori Debord

Filing Description:

We wish to file a new blanket Endorsement to provide notice of cancellation and nonrenewal to an insured's certificate holder(s).

## Company and Contact

### Filing Contact Information

Linda Medcalf, Forms and Rate Analyst I linda\_medcalf@cinfin.com  
PO BOX 145496 513-870-2068 [Phone]  
Cincinnati, OH 45250-5496

### Filing Company Information

The Cincinnati Casualty Company	CoCode: 28665	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name: Cincinnati Fin Grp	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0826946	

The Cincinnati Indemnity Company	CoCode: 23280	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name: Cincinnati Fin Grp	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-1241230	

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name: Cincinnati Fin Grp	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	The Cincinnati Casualty Company, ...
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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		CANCELLATION OR NONRENEWAL BY US NOTIFICATION TO A CERTIFICATE HOLDER	WC 98 06 99	02 20	END	New			WC980699 0220-090219a880339a71.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

**CANCELLATION OR NONRENEWAL BY US NOTIFICATION  
TO A CERTIFICATE HOLDER**

This endorsement modifies insurance provided under the following:

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

1. If we cancel or nonrenew this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice to the certificate holder(s) with mailing addresses on file with the agent of record or the Company. We will mail notice at least 30 days in advance of cancellation.
2. If we cancel this policy for nonpayment of premium, we will mail notice to the certificate holder(s) with mailing addresses on file with the agent of record or the Company. We will mail such notice at least 10 days before the effective date of cancellation.
3. If notice is mailed, proof of mailing to the mailing address on the certificate holder(s) on file with the agent of record of the Company will be sufficient proof of notice.
4. Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.
5. Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation or non-renewal becomes effective, nor will it negate the cancellation or non-renewal of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	